

State of South Dakota



Candidate's or Committee's Report of Receipts and Expenditures

RECEIVED

OCT 28 2004

S.D. SEC. OF STATE

postmarked

10-26-04

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,
500 E Capitol Ave., Pierre, SD 57501-5070

See pages 9 & 10 of the Guideline Book for specific instructions on completing this report.

Name of Candidate or Committee Capitol CommitteeComplete Mailing Address 2120 S First Ave, Sioux Falls, SD 57105Name of Person Making Report Debra Elafson Daytime Phone Number 605-334-8404

If you are a candidate, what office are you seeking? _____

If you are a ballot question committee, indicate which measure(s) the committee was involved with during the reporting period and whether the measure was supported or opposed.

Type of Report (See pages 4 & 5 of Guideline Book) Re-generalFor Reporting Period Ending (See pages 4 & 5 of Guideline Book) Oct 23, 04*The following verification must be completed before submitting report.*

VERIFICATION OF PERSON MAKING REPORT

I Debra Elafson (print name legibly), certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.Date: Oct 23, 04
Debra Elafson
 Candidate Signature or
 Signature of Committee Treasurer or Chairperson

Revised July 2001

 Filed this 28th day of
October 04
Chi Nelson
 SECRETARY OF STATE

Name of Candidate or Committee _____

For the reporting period ending _____

Schedule A – Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contributions from Individuals:

*§

Itemized Contributions from Individuals

[illegible]**Total of Itemized Contributions from Individuals:**

2
\$

Name of Candidate or Committee

For the reporting period ending _____

Schedule A – Direct Contributions (continued)**Unitemized Contributions from Political Parties:**

*\$ 6.

Itemized Contributions from Political Parties

Party Name	Address

§

Circumstance	Percentage (%)
If someone is attacking you	85
If someone is threatening you	75
If someone is harassing you	65
If someone is insulting you	55
If someone is annoying you	45

\$

*\$ -0-

Total of Itemized Contributions from Political Parties:

Itemized Contributions from Political Action Committees (PAC's) - All contributions from PAC's must be itemized.

[illegible]

\$

\$

§

§

§

\$

\$

\$

\$

\$

\$

§

§ .

\$

\$

\$

\$

\$

\$ _____

\$ _____

\$ _____

\$ _____

§ _____

\$ _____

\$ _____

*\$

Total of Itemized Contributions from Political Action Committees:**Total of All Direct Contributions (Sum of all lines with an *)**

\$ -0-

For the reporting period ending: _____

List on this schedule fund-raising events held to raise money for the candidate and the net proceeds derived from each event. If a contributor gives more than \$100 or their contribution results in their aggregate being more than \$100 in the calendar year, those contributions must be itemized on Schedule A.

Type or Name of Event	Net Proceeds
Total:	13

Report all non-cash contributions of goods or services and the estimated fair market value. If the value exceeds \$100, the name of the contributor, residence address and place of employment must be reported.

Nature of Non-Cash Contribution	Name, Residence Address & Place of Employment	Estimated Value
Total:		\$

Use this schedule to report any refunds, interest earned or other income which is not a direct contribution.

Source of Income	Amount
Total:	-0-

15.00

37,500

Name of Candidate or Committee: _____

For the reporting period ending: _____

Summary Page

This summary sheet will give a brief outline of all campaign finance activity during this reporting period. Please transfer all totals from the schedules previously completed.

1. Amount on hand, if any, at the beginning of the reporting period: \$ 31.

2. Receipts

Schedule A - Direct Contributions \$ -0-

Schedule B - Fund-Raising Events \$ -0-

Schedule C - In Kind Contributions \$ -0-

Schedule D - Other Income \$ -0-

Total of all Receipts \$ -0-

3. Total Monetary Receipts (A+B+D) \$ -0-

4. Candidate's Personal Contribution to Own Campaign \$ -0-

5. Monetary Loans to Candidate or Committee During Reporting Period \$ -0-

6. Monetary Loans Repaid During Reporting Period \$ -0-

7. Expenditures - Schedule E \$ 15

8. Unpaid Obligations - Schedule F \$ 77,500

9. Amount on hand at the close of this reporting period. *
This should equal lines (1+3+4+5) - (6+7) \$ 21.

